



APPLICATION FOR CERTIFICATE OF AUTHORITY

State Form 48961 (R2 / 12-99)

Application for a Certificate of Authority to sell prepaid services and merchandise in the State of Indiana in compliance with IC 30-2-13-33.

STATE BOARD OF FUNERAL AND CEMETERY
Indiana Professional Licensing Agency
302 W. Washington St., Rm E034
Indianapolis, Indiana 46204-2700
(317) 232-2980

"Seller" means a person, a firm, a limited liability company, a corporation, an association, or a partnership contracting to provide services or merchandise, or both, to a named individual or contracting to provide or sell both a contract and a funding mechanism to be used in conjunction with the purchase or services or merchandise. (IC 30-2-13-10)

Name of seller:	Telephone number ()
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Business address of seller: (*number and street, city, state, ZIP code*)

I hereby affirm that the above named seller is of good moral character, operates using fair business practices, and has not been convicted of a criminal offense.

If this is a purchase of a previously licensed funeral home or cemetery, provide the previous funeral home / cemetery name and address here

The following persons have authority to directly represent the above named seller as agents:

NAME	ADDRESS	SOCIAL SECURITY NUMBER *

* The request for your Social Security number is mandatory according to IC 4-1-8-1 and this application cannot be processed without it.

I hereby affirm that the statements herein are true and correct.

Signature of seller or partner or officer of seller	Printed name and title of individual signing
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STATE OF INDIANA }SS

COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, _____.

Signature of notary public	County of notary public's residence
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Printed name of notary public	My commission expires:
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